

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$100** payable to SECRETARY OF STATE

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

1. The name of the partnership is \_\_\_\_\_

The name shall contain the words "Registered Limited Liability Limited Partnership", or "L.L.L.P.", or "LLLP" as the last words of the name.

2. The street address of the partnership's chief executive office.

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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3. If the address listed in number 2 is not a South Dakota street address question number 4 must be completed.

4. The South Dakota Registered Agent name \_\_\_\_\_

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	
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5. The partnership elects to be a limited liability limited partnership.

6. The deferred effective date of the registration if it is not to be effective upon filing of the registration

\_\_\_\_\_

I declare under penalty of perjury that the contents of the above statement are accurate. Statement must be signed by at least two partners.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a partner)

\_\_\_\_\_  
(Printed Name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a partner)

\_\_\_\_\_  
(Printed Name)